

SEMI-ANNUAL PROGRESS REPORT
ND DIVISION OF COMMUNITY SERVICES
SFN 52342 (1/06)

CDBG SEMI-ANNUAL PROGRESS REPORT			
GRANTEE		ADDRESS	
INSTRUMENT NUMBER			
BUDGET/PROJECT PERIOD		PERIOD COVERED BY REPORT	
FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>	FROM <i>(Month, Day, Year)</i>	TO <i>(Month, Day, Year)</i>
REPORT PREPARED BY		PHONE NUMBER	
PROJECT DESCRIPTION (DESCRIPTION MUST INCLUDE ANY CHANGES TO THE ORIGINALLY APPROVED DESCRIPTION)			
TYPE NAME OF CHIEF ELECTED OFFICIAL		TITLE	
SIGNATURE OF CHIEF ELECTED OFFICIAL		DATE	
<i>DCS USE ONLY</i>			
REVIEWED BY _____		DATE _____	

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Answer the questions on additional sheets.

1. List those activities that have been accomplished to date. (Specify the type of activity, i.e., environmental review completed, Notice of Release of Funds received, contracts awarded, income eligibility determined, number of households rehabilitated, etc.)
2. Have any problems arisen which will delay grant completion? If yes, explain the problem and the amount of delay.
3. List activities to be accomplished in the next six months.
4. Do you anticipate requesting any amendments? If yes, explain.
5. Do you require any technical assistance from the DCS? If yes, explain.
6. Program Beneficiaries to date:
 - a. Jobs Created LMI _____ Non-LMI _____
 - b. Homes Rehabilitated LMI _____ Non-LMI _____
 - c. LMI Special Assessments Paid _____
 - d. Elderly _____ FHOH _____
Handicapped _____ Minority (Specify) _____